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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Brazil
Support for a comprehensive population programme

Proposed UNFPA assistance:	$15 million, of which $12 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution	To be determined
Duration:	5 years
Estimated starting date:	January 1992
Executing agencies:	Government of Brazil United Nations and United Nations agencies and organizations National and international non-governmental agencies (NGOs)
Government coordinating agency:	Ministry of Foreign Affairs (Brazilian Agency of Cooperation)

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92-07608

BRAZIL

Demographic facts

Population Total (000)	
Total	150,368
Males	74,992
Females	75,376
Sex ratio (/100 females)	99.5
Urban	112,643
Rural	37,725
Per cent urban	74.9
Population in year 2000 (000)	179,487
Functional age groups (%)	
Young child: 0-4	12.6
Child: 5-14	22.6
Youth: 15-24	19.1
Elderly: 60+	7.1
65+	4.7
Women: 15-49	25.7
Median age (years)	22.7
Dependency ratios: total	66.4
(/100) Aged 0-14	58.6
Aged 65+	7.7
Agricultural population density (/hectare of arable land)	0.55
Population density (/sq. km.)	18
Average annual change (000)	
Population increase	2,943
Births	4,123
Deaths	1,180
Net migration	0
Annual population total (% growth)	1.87
Urban	2.70
Rural	-0.86
Crude birth rate (/1000)	26.1
Crude death rate (/1000)	7.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	3.16
Gross reproduction rate (/woman)	1.54
Net reproduction rate (/woman)	1.41
Infant mortality rate (/1000)	57
Life expectancy at birth (years)	
Males	63.5
Females	69.1
Both sexes	66.3
GNP per capita (U.S. dollars, 1989)	2540

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $15 million, of which $12 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Brazil in achieving its population and development objectives. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. Although the Fund has been providing assistance to Brazil since 1973, this would be the first time that UNFPA supports a comprehensive population programme in Brazil.

2. The proposed programme of assistance is based on: (a) a joint planning process between UNFPA and the Government of Brazil, based on the Government's policies and priorities on population issues; and (b) the findings and recommendations of the Programme Review and Strategy Development (PRSD) exercise, finalized in May 1991.

3. The overall objective of the proposed programme is to contribute to the Government's efforts to improve the quality of life in Brazil through an effective understanding and appropriate consideration of the interrelationship between population, resources and the environment. The proposed programme addresses such issues as maternal and child morbidity and mortality, quality and coverage of family planning services, adolescent pregnancy and the improvement of women's socio-economic status.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Brazil has an area of over 8.5 million square kilometres, and its current population is estimated at 150 million inhabitants. Overall population density is 18 inhabitants per square kilometre, with state averages ranging from less than 1 to nearly 300 per square kilometre. Population is highly concentrated along the coastline and in urban areas. The Southeast region contains 42.3 per cent of the population, the Northeast 29.5 per cent, the South 14.8 per cent, the Center-West 7.3 per cent and the North 6.1 per cent.

6. Demographic trends. The population growth rate declined from nearly 3 per cent per year during the 1950s and 1960s to an estimated 1.9 per cent per year at present. During the period 1970-1980, all age groups showed a reduction in fertility, except for the 15-19 age group. The total fertility rate (TFR), estimated at 5.8 children per woman for the 1960s, has dropped to 3.2 at present. It is expected to reach 2.2 by the turn of the century in urban areas, where approximately 80 per cent of the population will reside. At that time, rates in rural areas will probably not surpass 3.5. There are considerable regional differences in TFR, ranging from 5.0 in the Northeast to 2.7 in the South and the Southeast.

7. The number of elderly, 60 years old and above, is expected to increase at an average rate of 3.2 per cent per year for the next two decades while the population aged 0-5 is expected to remain almost stable. The school age population and the working age population will continue to grow, although at a slower pace. Population growth is expected to continue to decline, leading to a total population of 170 million by the turn of the century, a total significantly less than the more than 200 million that had been projected in the 1970s. The current projection for the year 2000 is roughly 10 million less than estimated in the 1980 census and 3 million below the United Nations low-variant projection.

8. Contraceptive use (with prevalence of 66 per cent in 1986) is highly concentrated in two methods: (a) female sterilization, usually performed during a caesarean section (44 per cent); and (b) oral contraceptives (40 per cent). According to a 1986 demographic and health survey, only 0.8 per cent of the males use contraception, and of these only 1.7 per cent use condoms. Contraceptive services are unavailable in many public health facilities. Over 90 per cent of women who use oral contraceptives obtain them from pharmacies, and many of these women self-prescribe. The 1986 survey showed that about 25 per cent of current pill users experienced side-effects, compared to 10 per cent of intra-uterine device (IUD) and sterilization users.

9. A recent report from the World Bank lists the following overall reproductive health problems in Brazil: (a) high rates of abortion; (b) high rates of cervical cancer; (c) large numbers of women receiving no prenatal care; (d) the world's highest rate of caesarean section deliveries; and (e) increasing rates of sexually transmitted diseases (STDs) and other reproductive-tract infections. All these indicators show the need for increased attention to issues of women's reproductive health.

10. High fertility rates and low levels of education among adolescents, together with the high percentage of adolescents living in poverty, strongly suggest that poor health consequences are related to depressed socio-economic conditions and insufficient specialized reproductive health services for this age group. Moreover, the formal education of most adolescent mothers is interrupted because of their need to enter the labour market in order to contribute to family income. It has been estimated that 20 per cent of all Brazilian families are supported, in varying degrees, by children and adolescents. It is also estimated that approximately 4 million children are abandoned at the present time. Of this high-risk group, 800,000 live and work on urban streets.

11. The average life expectancy at present is approximately 66 years with a discrepancy between high-income and low-income groups of about 16 years. Infant mortality has declined from 146 per 1,000 in 1950 to 57 per 1,000 at the present time. The decline has been the slowest in the Northeast, where infant mortality rates are more than double those of the South and Southeast. Although data are deficient, maternal mortality ranges from 50 per 100,000 live births in the most economically advanced regions to over 300 per 100,000 in the most economically disadvantaged regions. The national average is estimated at 140 per 100,000.

12. Social and economic factors. There are wide social and development gaps among regions as well as within regions. For example, per capita income in 1980 ranged from $772 in the Northeast to $2,655 in the Southeast. But even these averages mask a highly skewed regional distribution. Unemployment and underemployment have grown in recent years due to economic recession, and high rates of inflation and a fiscal crisis have led to cuts in government spending on much-needed social services.

13. Female participation in the labour force increased from 18 per cent in 1970 to 37 per cent in 1985, with a continuing concentration in occupations traditionally considered as "feminine". The increasing demand for women in the labour force is explained by the increasing number of female-headed households, falling

family income during the 1980s and rapid urbanization. The number of women heads of households grew by 19 per cent between 1950 and 1960, by 67 per cent between 1960 and 1970 and by 85 per cent between 1970 and 1980.

14. Quality and coverage of Brazilian education services vary greatly by urban or rural location, by geographic region and by the socio-economic condition of the population. In poorer rural areas 25 to 30 per cent of children and adolescents do not attend school. By contrast, Brazil has a well-developed national infrastructure of electronic mass media, especially television, in addition to a strong publications industry. The illiteracy rate is approximately 19 per cent for the entire country, with no marked difference between females and males. However a rise in the number of women achieving higher levels of schooling has led to a significant increase in their participation in the labour force. In the 1980s for example, an average of 60.2 per cent of women with nine or more school years were economically active, as compared to 28.7 per cent among illiterate women.

15. During the last four decades, industrialization and general economic development, mainly concentrated in the South and Southeast, triggered massive flows of rural-urban and interregional migration to these areas. The current level of urbanization is 74 per cent, and is projected to reach 80 per cent by the year 2000. Brazilian cities, growing at a very fast pace, face traditional problems of inadequate infrastructure plus new problems of industrial and urban pollution.

16. AIDS has become a major concern in Brazil. Since 1982 more than 19,000 cases have been reported. Recent research studies have demonstrated that sexual behaviour patterns have not changed in spite of the rising rate of infection. The Ministry of Health has recently implemented a programme on AIDS prevention.

17. Brazil does not have a formal comprehensive population programme nor an explicit population policy. Nevertheless, attitudes regarding family planning have been changing, with women's movements playing a key role in the 1980s. The 1988 Constitution established the "responsibility of the State to guarantee to women and men the right to freely determine the number of children, vetoing all action of coercive practice by the public sector or private agencies; and to ensure access to education, information and to adequate contraceptive methods with respect to individual choice". Because of longstanding perceptions within Brazil of the country's abundance of land and natural resources, low population density and a decline in fertility, there are at present no policies to stem population growth.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

18. Since 1973, UNFPA assistance to Brazil has been provided on a project-by-project basis totalling about $17.1 million. In general, programme implementation has been subject to frequent political and administrative changes, difficulties in coordination and supervision at the national and state levels, a lack of information to effect a more efficient monitoring of programme objectives and activities, and insufficient utilization of evaluations and studies developed by the projects. However, it has been possible to introduce family planning components into several projects, both at the central and state levels, and to create an interest within the Government about population and related issues.

Maternal and child health and family planning

19. In 1985, a five-year support project (1985-1989) was approved by the Governing Council in the amount of $15 million for training, equipment, contraceptives, and IEC materials, among other things. The project was

subsequently extended, and approximately $13.3 million had been spent through 1991. The project contributed to strengthening the capacity of the Maternal-Child Health Division of the Ministry of Health to implement the Programme for Integrated Health Assistance for Women and Children (PAISMC). It also helped to train health personnel, produce and distribute handbooks and information and educational materials in the MCH/FP area, conduct MCH/FP educational campaigns through mass media programmes and contribute to increasing government concern and public awareness with respect to reproductive health services for women, children and adolescents.

20. Project reviews undertaken in the past have pointed out the following needs: (a) to promote, through the joint efforts of the Ministries of Health and Education, necessary changes in medical and nursing school curricula; (b) to ensure that norms related to MCH/FP assistance are fully integrated into reproductive health programmes; (c) to give priority to the provision of basic contraceptive services and to make use of the training capacities of NGOs; and (d) to develop an information system for monitoring and evaluating project activities. It was also recommended that project activities should be implemented through regional, state and/or municipal projects in accordance with the current decentralized health policy.

21. UNFPA has also supported two other projects providing services in this area at the state level and has contributed to a National Conference on Women's Health and the I Brazilian Conference and II Latin American Conference on Family Planning. These three conferences, each of which took place in Rio de Janeiro in 1989, made important contributions to sensitization and awareness creation in the area of MCH/FP.

Information, education and communication

22. UNFPA support in the area of population IEC has been provided mainly within the context of MCH/FP activities at the central and state level through training of health personnel, as well as through support to the production and distribution of numerous leaflets and popular magazines for elementary school teachers. A seminar on population and the environment for journalists was also supported under this sector.

Data collection and analysis

23. In the area of data collection and analysis, UNFPA contributed to the strengthening of the Brazilian Institute of Geography and Statistics (IBGE) by providing support for the training of nationals in the collection and processing of population data, the management of statistical activities, analyses of data through microcomputer applications, and the interpretation and dissemination of results. Preparatory activities for the 1991 demographic census were also supported.

Population policy formulation

24. Since 1985, UNFPA has provided support for graduate training in population and development at the Centre for Regional Planning and Development of the Federal University of Minas Gerais for professionals from Brazil, as well as from other Latin American and African countries. UNFPA also supported the Brazilian Group of Parliamentarians on Population and Development, which contributed to improving the understanding of population issues.

Other external assistance

25. In the health sector, the World Bank is financing the second phase of a project in the Northeast with $267 million with a focus on rural areas. The main objectives of the project are: (a) to implement health decentralization; and (b) to improve women's reproductive health and improve primary health care for children. UNICEF's programmes are concentrated in the Northeast and North of Brazil. In addition to providing support to activities aimed at enhancing the role and status of women, strengthening basic education, and developing communications in support of MCH, UNICEF is also supporting such activities as data collection and analysis, social planning, research, and programme monitoring and evaluation. UNICEF's budget for the period 1990-1995 is approximately $54 million.

26. France and Canada have given bilateral support for population-related activities in Brazil, with Canada concentrating its cooperation in the area of women in development. With an annual budget of $7.9 million (1988-1991), the United States Agency for International Development (USAID) has provided support to train health professionals in family planning and to offer family planning services through public and NGO-operated health facilities. USAID has also supported training programmes in such areas as reproductive health technologies and management information systems and has provided commodities in support of family planning services in order to increase access to a variety of methods.

IV. PROPOSED PROGRAMME 1992-1996

27. The proposed programme for Brazil is based on the findings and recommendations of the PRSD exercise, as well as on consultations with representatives from the Government and other international development agencies. The PRSD mission's recommendations are consistent with the three major thrusts of the Brazilian Government: (a) democratization, with increasing participation of the society and community in policy decision-making; (b) decentralization, with increased authority to local governments; (c) and closer cooperation between the Government and non-governmental sectors in development. In keeping with these major policy thrusts, the PRSD mission further recommended that in order to achieve a greater impact and to reach those most in need, UNFPA should concentrate its resources mainly in the most disadvantaged and underserved areas at the state level.

28. The long-range objective of UNFPA support to Brazil would be to contribute to the Government's efforts to improve the quality of life of the Brazilian people through an effective understanding and appropriate consideration of the interrelationships between population, resources and the environment. More specific objectives of the proposed programme would be: (a) to reduce maternal and child morbidity and mortality; (b) to strengthen the Government's technical and institutional capacity to produce, analyse and disseminate relevant and disaggregated demographic data, and to integrate population variables into socio-economic development planning; (c) to increase the quality and coverage of family planning services through improved information and education on, and access to, the most appropriate methods; (d) to reduce unwanted pregnancies, with emphasis on adolescent pregnancy; and (e) to contribute to the improvement of women's socio-economic status and enhance their participation in the development process. The overall strategy would be to concentrate resources in a limited number of selected states in urban, urban-marginal and rural disadvantaged and underserved areas.

29. Although the Northeast region warrants the highest priority, UNFPA would also provide support to selected activities in other regions, particularly the North and Center-West regions. At the national and central level, UNFPA would support activities designed to strengthen those carried out at the state level.

Target groups would be women of reproductive age, adolescents and low-income groups. UNFPA would also promote and support activities making use of technical cooperation among developing countries (TCDC). Because of the increasing economic, social and political participation of women in Brazil, women's groups are a strategic avenue to extend the outreach of population activities and would therefore receive UNFPA support for such activities. UNFPA would work together and strengthen coordination with UNDP, UNICEF, the Pan American Health Organization, the World Bank and other donors, and would explore the feasibility of sharing costs with them on certain activities.

Maternal and child health and family planning

30. UNFPA cooperation in MCH/FP would aim to reduce maternal and child morbidity and mortality. More specific objectives would be to reduce high-risk pregnancies, induced abortion and adolescent pregnancy by supporting adolescent reproductive health services, sex education and counselling, improving the mix, quality and availability of the most appropriate contraceptive methods and enhancing the quality, effectiveness and outreach of family planning services. The programme would also include support for efforts to change male attitudes and behaviour towards use of contraception as well as information and education on sexually transmitted diseases and AIDS.

31. In order to promote the formulation and implementation of policies and programmes in the area of women's reproductive health, support would be provided to contribute to the design and implementation of a management information system capable of providing access to disaggregated data for use in planning and monitoring reproductive health and family planning-related indicators and programmes. UNFPA assistance would also be used to test the acceptability of various contraceptive methods among various subgroups. Support would be provided to promote the introduction of reproductive health and family planning topics into the curricula of medical and nursing schools.

32. UNFPA would continue to support the implementation of the Programme for Integrated Assistance for Maternal Health (PAISM), as well as the Programme for Integrated Assistance for Adolescent Health (PROSAD) through training and technical cooperation in reproductive health services. This support would be channelled through state and municipal health units to integrate family planning into the PAISM in 80 per cent of the woman's reproductive health services and in the services offered in 50 per cent of PROSAD health posts. NGOs would be used in implementing these activities whenever appropriate.

33. UNFPA would promote and support the organization of a national task force on reproductive health to assure participation by the public, NGO and private sectors. It would also support the already existing state commissions for maternal, child and adolescent health, which are composed of representatives from universities, professional associations and governmental institutions working in the health area, as well as religious, community and women's groups.

34. UNFPA would provide a total amount of $8.7 million for the MCH/FP sector, of which $1.7 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

35. Activities in the area of population IEC would aim to increase the knowledge of and promote positive attitudes towards population-related issues, such as responsible parenthood, family planning, women's reproductive health, population and the environment, migration, and urbanization, among others, in

consonance with the social, cultural and historical values of Brazilian society. Special attention would be given to adolescents.

36. UNFPA would contribute to national education efforts by providing support: (a) to review the current curricula of primary and secondary schools and literacy programmes in order to ensure that population materials to be introduced into the curricula of primary and secondary schools are culturally sensitive and appropriate; (b) to conduct operational research on diverse regional cultural contexts and reproductive behaviour; (c) to review the current curricula of teacher training centres in order to ensure that population-related contents are adequately integrated; and (d) to produce teaching materials and use of cost-effective educational methods for the training of teachers.

37. In the area of information and communication, UNFPA support would aim to create awareness and improve knowledge of population-related issues among politicians, key decision makers, journalists and society in general, through the creation of a national mass media advisory committee on population. The committee would, in addition to identifying the population-related issues most in need of informational support, identify the most appropriate means to disseminate such information. Mass communication awareness programmes would also be tailored to the special needs of adolescents, providing needed support to the efforts of adolescent centres to enhance sexual health responsibility among adolescents.

38. UNFPA would provide a total amount of $2.2 million for the population IEC sector, of which $400,000 would be sought from other sources, including multi-bilateral resources.

Data collection and analysis

39. UNFPA assistance in this area would focus on strengthening institutional technical capacity to make use of the latest and most appropriate methodologies to analyse and rapidly process and disseminate disaggregated demographic data relevant to socio-economic development planning. This effort would be coupled with support to ongoing efforts to decentralize the national statistical system. UNFPA would support training mainly at the state level that would include the use of the 1991 population census data, as well as other population-related special surveys, in socio-economic development plans and programmes. The Fund would also support quantitative and qualitative socio-demographic research and surveys that are policy and programme oriented, such as research on the determinants and consequences of rural-urban and urban-urban migration and the characteristics of migrants and on such topics as urbanization, environmental degradation, the socio-economic implications of population aging, and the promotion of medium-sized cities. UNFPA would provide a total amount of $800,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

40. UNFPA cooperation in this sector would aim to support government efforts to bring about spatial patterns of development and population distribution that provide for the most appropriate interrelationship among population, resources and the environment. UNFPA would support the strengthening of the institutional and technical capacity of selected federal, regional, state and metropolitan government agencies to incorporate the population dimension into development plans. This would be done through technical collaboration among the various levels of administration, training, research, meetings, seminars and workshops addressed to specialists, policy makers and political leaders. Technical backstopping and training would be

provided at both state and central levels. Policy and programme-oriented research would be supported at the state level.

41. In order to promote and facilitate the consideration of the interrelations between population and the environment in development planning, UNFPA would support action and policy-oriented research on the environmental implications of population trends at state levels. It would also support the introduction of this subject in courses on population and development.

42. UNFPA would provide a total amount of $1.5 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

43. Issues specific to women, population and development would be incorporated into all UNFPA-supported activities. In addition, UNFPA would support activities designed: (a) to strengthen women's advocacy groups concerned with population issues at the state level; (b) to strengthen the capacity of selected women's state councils to manage, implement and coordinate women's programmes in the areas of health, education and employment; (c) to foster quantitative and qualitative socio-demographic policy-oriented research and analysis on women; and (d) to promote the inclusion of gender analysis in university training programmes for physicians, communicators and planners through university women's study groups.

44. UNFPA would seek to reinforce the important role played by women's NGOs in Brazil by providing support to strengthen the management capability of selected NGOs involved in reproductive health programmes at the municipal level and to enhance the capacity of NGOs to mobilize and train women as trainers and providers of health education and MCH/FP services.

45. UNFPA would provide a total amount of $1.2 million in the area of women, population and development, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

46. An amount of $600,000 would be held in reserve for new proposals and requests that may be developed within the strategic framework proposed for Brazil, with an emphasis on the development of human resources.

Programme coordination

47. The Ministry of Foreign Affairs, through the Brazilian Cooperation Agency, would be in charge of coordinating the proposed population programme. In order to assess project proposals and monitor the overall programme, an ad hoc multisectoral Technical Consultative Group has been created to advise these two agencies.

48. In the context of the Joint Consultative Group on Policy (JCGP), discussions are taking place, for example, between UNFPA, UNICEF and the United Nations Development Fund for Women (UNIFEM) concerning the execution of projects within the women's sector. The proposed programme would be synchronized with UNDP's current programme of assistance to Brazil. Coordinated efforts are being

considered with the World Bank, the World Food Programme, the United Nations Environment Programme and the United Nations Fund for Drug Abuse Control (UNFDAC) in supporting activities directed to the rural population, specifically to the most disadvantaged groups. Likewise, the UNFPA field office would collaborate with the Government in organizing interagency donor meetings with those agencies working in the population field and would convene a donor group meeting in Brazil.

Programme monitoring, evaluation and management

49. As regards monitoring and evaluation, all projects to be implemented in each of the sectors included in the programme would follow standard UNFPA procedures including progress reports, visits to project sites, tripartite review meetings and reviews and monitoring meetings as necessary. A mid-term review of the overall programme would be conducted in 1994. Independent evaluations would be integral components of all the larger or innovative projects. The Technical Cooperation Group would be closely involved in all monitoring and evaluation activities. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support team that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. The UNFPA Country Director would have responsibility for the overall management of the programme.

Financial summary

50. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $15 million over the five-year period 1992-1995, of which $12 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	7,000,000	1,700,000	8,700,000
Information, education, and communication	1,800,000	400,000	2,200,000
Data collection and analysis	600,000	200,000	800,000
Population policy formulation	1,000,000	500,000	1,500,000
Women, population and development	1,000,000	200,000	1,200,000
Programme reserve	600,000	--	600,000
TOTAL	12,000,000	3,000,000	15,000,000

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V. RECOMMENDATION

51. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Brazil in the amount of $15 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $12 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $3 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Brazil and with the executing agencies.